

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT
Calendar Year 2003**2003**

DO NOT WRITE OR STAPLE IN THIS SPACE

or other tax year beginning _____, 2003 and ending _____

➤ Check the applicable box: • ☐ Part-Year Resident ☐ Nonresident➤ ☐ Check box if filing for the first time or if address has changed

AMD UNP 008 PNT INT

PLEASE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Spouse's occupation

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

Note: Checking "Yes" will
not increase your tax or
reduce your refund.

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

RESIDENCY STATUS

If you are a nonresident, in what state or foreign country are you a resident?

FILING STATUS	1 <input type="checkbox"/> Single (Check only ONE box)
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died •).

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 35.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over
6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over

Enter number of boxes
checked on 6a and 6b ➤ If you checked box 3 and 6b above, see the Instructions on page 8 and if your spouse meets the qualifications, check here ☐**6c Dependents:**If more than 2 dependents
use attachment2. Dependent's social
security number

3. Relationship

Enter number of
your children listed **6c** ➤

and 1. First and last name

Enter number of
other dependents **6d** ➤ **6d**Add numbers
entered in
boxes above **6e** ➤ **6e** Total number of exemptions claimed.....**ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR 2003****ROUND TO THE NEAREST DOLLAR**

	Col. A - Total Income		Col. B - Hawaii Income	
7 Wages, salaries, tips, etc. (attach Form(s) W-2)	00	7●	00	00
8 Interest income from the worksheet on page 36 of the Instructions	00	8●	00	00
9 Ordinary dividends	00	9●	00	00
10 State income tax refund from the worksheet on page 36 of the Instructions	00	10●	00	00
11 Alimony received	00	11	00	00
12 Business or farm income or (loss) G.E. I.D. No.	00	12●	00	00
13 Capital gain or (loss) from the worksheet on page 36 of the Instructions	00	13●	00	00
14 Supplemental gains or (losses) (attach Schedule D-1)	00	14	00	00
15 IRA distributions	00	15●	00	00
16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40)	00	16●	00	00
17 Rents, royalties, partnerships, estates, trusts, etc. G.E. I.D. No.	00	17●	00	00
18 Unemployment compensation (insurance).	00	18●	00	00
19 Other income (state nature and source)	00	19●	00	00
20 Add lines 7 through 19 Total Income ➤	00	20●	00	00
21 Educator expenses	00	21	00	00
22 IRA deduction	00	22	00	00
23 Student loan interest deduction from the worksheet on page 40 of the Instructions	00	23	00	00
24 Moving expenses (attach Form N-139)	00	24	00	00
25 One-half of self-employment tax	00	25	00	00
26 Self-employed health insurance deduction	00	26	00	00
27 Self-employed SEP, SIMPLE, and qualified plans	00	27	00	00
28 Penalty on early withdrawal of savings	00	28	00	00
29 Alimony paid (Enter name and SS No. of recipient)	00	29	00	00
30 Payments to an individual housing account	00	30●	00	00
31 First \$1,750 of military reserve or Hawaii national guard duty pay	00	31●	00	00
32 Add lines 21 through 31 Total Adjustments ➤	00	32●	00	00
AGI 33 Line 20 minus line 32 Adjusted Gross Income ➤	00	●33●	00	00

TAX COMPUTATION	34 Hawaii adjusted gross income from line 33, Column B.....		34		00		
	35 Ratio of Hawaii AGI to Total AGI. Divide line 33, Column B, by line 33, Column A (Compute to 3 decimal places and round to 2 decimal places)		35●	____.____.____			
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> ● and see Instructions.						
	36 If you do not itemize deductions, enter zero on line 36g and go to line 37a. Otherwise go to page 19 of the Instructions and enter your Hawaii itemized deductions here.						
	36a Medical and dental expenses (from Worksheet NR-1 or PY-1)	36a●		00			
	36b Taxes (from Worksheet NR-2 or PY-2)	36b●		00			
	36c Interest expense (from Worksheet NR-3 or PY-3)	36c●		00			
	36d Contributions (from Worksheet NR-4 or PY-4)	36d●		00			
	36e Casualty and theft losses (from Worksheet NR-5 or PY-5)	36e●		00			
	36f Miscellaneous deductions (from Worksheet NR-6 or PY-6)	36f●		00			
TAX COMPUTATION	36g If line 34 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 39 of the Instructions. If not, add lines 36a through 36f. Enter total here and go to line 38.....		Total Itemized Deductions >		36g		00
	37a If you checked filing status box: <div style="display: flex; justify-content: space-between;"> [1, enter \$1,500 3, enter \$950] [2 or 5, enter \$1,900 4, enter \$1,650] </div>		37a		00		
	37b Multiply line 37a by the ratio on line 35		Prorated Standard Deduction >		37b●		00
	38 Line 34 minus line 36g or 37b, whichever applies. (This line MUST be filled in)				38●		00
	39a Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 24 of the Instructions		39a		00		
	39b Multiply line 39a by the ratio on line 35		Prorated Exemption(s) >		39b●		00
	40 Taxable Income. Line 38 minus line 39b (but not less than zero)		Taxable Income >		40●		00
	41 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 39 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet ● _____						
	(● <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814)		Tax >		41●		00
	TAX PAYMENTS AND CREDITS	42 Total nonrefundable tax credits (attach Schedule CR)		42		00	
43 Line 41 minus line 42 (but not less than zero)		Balance >		43		00	
44 Hawaii State Income tax withheld, and tax withheld on Forms N-2 or N-4		44●		00			
45 2003 estimated tax payments on Forms N-1 _____; N-288A _____		45●		00			
46 Amount of estimated tax applied from 2002 return		46●		00			
47 Amount paid with extension(s)		47●		00			
48 Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions ● _____		48●		00			
49 Credit for Low-Income Household Renters (attach Schedule X).....		49●		00			
50 Credit for Child and Dependent Care Expenses (attach Schedule X)		50●		00			
51 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)		51●		00			
TAX PAYMENTS AND CREDITS	52 Total refundable tax credits from Schedule CR (attach Schedule CR)		52		00		
	53 Add lines 44 through 52		Total Payments and Credits >		53●		00
	54 If line 53 is larger than line 43, enter the amount OVERPAID (line 53 minus line 43)		54●		00		
	55 Amount of line 54 to be applied to your 2004 ESTIMATED TAX.....		55●		00		
	56 Line 54 minus line 55		56●		00		
	57 Contribution to Hawaii School-Level Minor Repairs and Maintenance Special Fund. (See Instructions) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse. (Enter \$2 if one box is checked, or \$4 if both boxes are checked)		57		00		
	58 Amount to be REFUNDED TO YOU (line 56 minus line 57) If late filing, see page 29 of Instructions.....		58		00		
	59 AMOUNT YOU OWE (line 43 minus line 53). Send Form N-200V with your payment.....		59●		00		
	60 Estimated tax penalty. (See page 29 of Instructions.) Do not include this amount in line 54 or 59. Check box if Form N-210 is attached > <input type="checkbox"/>		60●		00		
	DESIGNEE	61 If you would like us to mail you a packet of forms for next year's filing, please check this box..... ● <input type="checkbox"/>					
62 Proceeds from the sale of a qualified high technology business' NOL ● \$ _____							
If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 30 of the Instructions.							
Designee's name >		Phone no. >		Identification number >			

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"> > _____ > _____ </div> <div style="display: flex; justify-content: space-between;"> Your signature Date </div>		<div style="display: flex; justify-content: space-between;"> > _____ > _____ </div> <div style="display: flex; justify-content: space-between;"> Spouse's signature (if filing jointly, BOTH must sign) Date </div>	
	Paid Preparer's Information	Preparer's Signature and date > _____		Preparer's identification number > _____
		Print Preparer's Name > _____		Check if self-employed > <input type="checkbox"/>
		Firm's name (or yours if self-employed), Address, and ZIP Code > _____		Federal E.I. No. > _____
		Phone no. > _____		